JUL 2 2 2009

510(k) Summary for MI Fil (GCUC-505)

Submitter Information:

GC AMERICA INC. 3737 W. 127th Street Alsip, IL 60803

Contact Person:

Mark Heiss, D.D.S.

Phone:

(708) 897-4042

Fax:

(708) 897-4031

Date Prepared:

May 4, 2009

Device Name:

Proprietary Name:

MI Fil (GCUC-505)

Classification Name:

Tooth Shade Resin Material

Device Classification:

Class II, 872,23690

Produce Code:

EBF

Predicate Devices:

Company	Device	K Number	Date Cleared	11
GC America Inc.	GRADIA DIRECT LoFio	K042348	01/30/2003	
GC America Inc.	GDLS-200 (Kalore)	K082434	11/14/2008	
Ivoclar Vivadent, Inc.	TETRIC EVOCERAM	K042819	11/09/2004	

Description of Device:

MI Fil (GCUC-505) is a light-cured nano-filled radiopaque composite resin filled in a syringe topped with a needle tip. The device is a flowable composite resin of normal consistency. The material is available in 17 shades.

Indications for use:

Restoration of Class I, II, III, IV, V cavities Restoration of root surface caries Restorations in deciduous teeth Filling tunnel shaped cavities Sealing hypersensitive areas Liner/base/filling in cavity undercuts Sealant

Fixing loose teeth

Additions to composite restorations

Decription of Safety and Substantial Equivalence:

The applicant device is substantially equivalent to the predicate devices in its intended use. They are all composite resins and are used for the restorations of both anterior and posterior teeth. They are also used as a filling material and sealant.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

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Mark Heiss, D. D. S.
Director of New Business Development and Regulatory Affairs GC America, Incorporated 3737 West 127th Street
Alsip, Illinois 60803

Re: K091388

Trade/Device Name: MI Fil (GCUC-505) Regulation Number: 21 CFR 872.3690

Regulation Name: Tooth Shade Resin Material

Regulatory Class: II

Product Code: EBF, EBC, LBH

Dated: May 4, 2009 Received: May 11, 2009

Dear Dr. Heiss:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to

http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/cdrh/mdr/ for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours

Susan Runner, D.D.S., M.A.

Acting Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Indications for Use

Device Name: MI Fil (GCUC-505)

Indications for Use:

Intended use

Restoration of Class I, II, III, IV, V cavities Restoration of root surface caries Restorations in deciduous teeth Filling tunnel shaped cavities Sealing hypersensitive areas Liner/base/filling in cavity undercuts Sealant Splinting mobile teeth Additions to composite restorations

Prescription Use (Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use ___ (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)

Division of Anesthesiology, General Hospital

Infection Control, Dental Devices

510(k) Number:

K091388

Page 6.1 of 6.1